

2009 – 2010 Annual Report Louisiana Chronic Disease and Prevention Unit



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ASTHMA MANAGEMENT AND PREVENTION PROGRAM



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Program Overview

The Louisiana Asthma Management and Prevention (LAMP) Program is committed to enhancing the quality of life for people living with asthma by providing effective asthma management education to patients, their families and Louisiana communities impacted by this chronic disease. LAMP drives its program mission through its partnership with the Louisiana Asthma Surveillance Collaborative (LASC).

The LASC was established in January 2007 to assist in the coordination of developing of an asthma pilot surveillance system. Beginning in September 2009, funding provided by the Centers for Disease Control and Prevention (CDC) has enabled LAMP and LASC to build, direct and sustain a comprehensive asthma program aimed at decreasing the burden of asthma among Louisianians representing all demographic and geographic areas.

Louisiana's Asthma Burden

Asthma Prevalence Among Louisiana Adults

Prevalence is defined as the proportion of the population with a particular characteristic at a specific point in time. Determining asthma prevalence is essential in defining who has asthma, how many are burdened with the disease and their demographical differences.

In 2010, an estimated 11.6% of the adult population (203,641 residents) was diagnosed with asthma, at some point in their life, by a health care professional. When observing the trend for years 2000 to 2004, there was an increase in the prevalence of asthma diagnosis, however, the prevalence decreased slightly from years 2004 to 2007, and increased in 2008 and 2010 (Figure 1). The prevalence of asthma diagnosis for Louisiana residents remained lower than the national average from 2000 to 2008, (Figure 1).

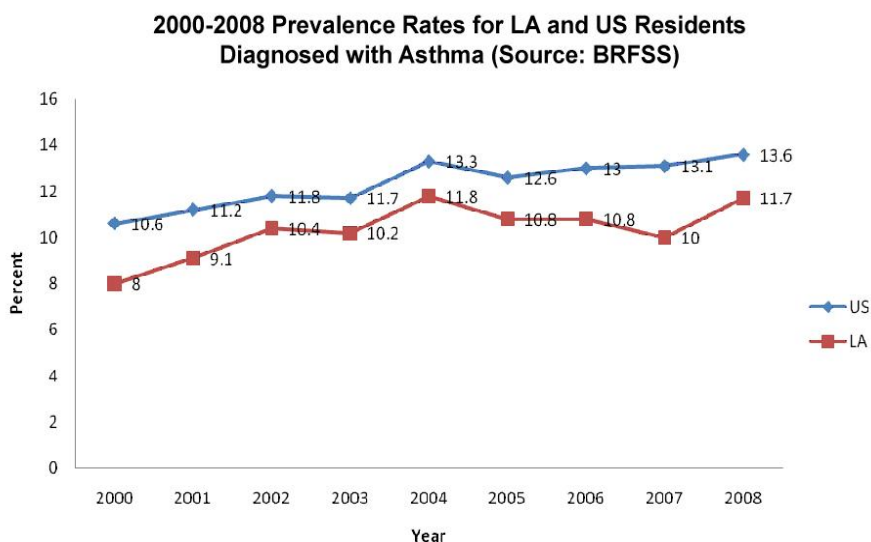


Figure 1: Comparison of 2000-2008 Prevalence Rates for LA and US Residents diagnosed with Asthma

The prevalence for “current asthma” (defined as the respondents that reported being diagnosed with asthma earlier in life and still had the symptoms at the time of this Behavioral Risk Factor Surveillance Study (BRFSS)) was lower than the prevalence for “lifetime diagnosis of asthma.” Lifetime diagnosis of asthma is defined as the respondents that reported being diagnosed with asthma earlier in their life. The estimated proportion of Louisiana residents reporting that he or she “currently has asthma” was 8% in 2007 and decreased to 6.7% by 2010. The Louisiana prevalence for “current asthma” has consistently been lower than the national average from years 2000 to 2007, with the exception of 2008 when the state prevalence nearly reached the national average (see Figure 2 below).

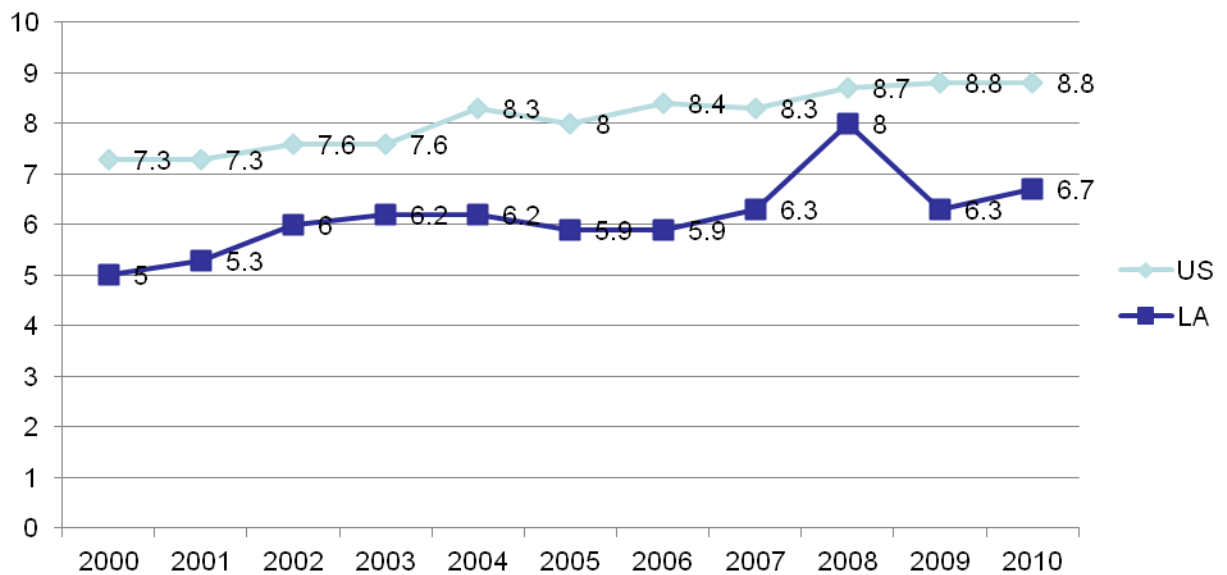


Figure 2: 2000-2010 Prevalence of US and LA Residents that “Currently Have Asthma”

Asthma Childhood Prevalence

The Behavioral Risk Factor Surveillance System (BRFSS) has provided data on adults since 2000, in which trends can be established over time. However, childhood prevalence data is limited, as data has been collected intermittently, using multiple data sources, or surveys that make it difficult to draw conclusions about asthma in Louisiana.

In 2010, according to the BRFSS, an estimated 9.4% of Louisiana households had a child that “had been diagnosed with asthma,” and 64% of the households indicated that the child “currently had asthma.” In addition to the BRFSS survey, the Youth Risk Behavior Survey (YRBS) included questions on “lifetime” and “current asthma prevalence” for youth enrolled in grades 9-12. According to the 2009 Louisiana YRBS, nearly 23% of high school students “had ever been diagnosed with asthma” and 11% “still suffer from asthma.” Similarly, according to the 2008 Louisiana Youth Tobacco Survey, 11.2% of high school students and 13% of middle school students “currently suffer from asthma” while.

In terms of gender differences, females show a higher prevalence of “current asthma illness” at 11.4% compared to 10.3% of males. Males, however, show a higher prevalence of “lifetime diagnosis of asthma” at 24.3%, compared to females at 21% (YRBS, 2008). Grade and age differences among high school youth indicate that students 15-year-olds and younger show the highest prevalence of “current asthma illness” at 9.4% and 12th graders at 10.1% (YRBS, 2008). As a child moves up a grade, prevalence of “currently having asthma” also increases.

Approximately 22.7% of high school students missed one or more days of school during the past 12 months because of asthma. The percentage of students who visited the emergency room or urgent care center due to asthma was one or more times during the past 12 months or 4.3%. Boys at 5.0% were more likely to have visited an emergency room, as compared to girls at 3.3%. Students that saw a doctor or nurse for a routine checkup for their asthma averaged 8.2%, or one or more times during the past 12 months (YRBS 2008). During 2002-2008, children under five years old had the highest asthma hospital discharge rate of all age groups. According to the 2009, Louisiana Hospital Inpatient Discharge Data (LAHIDD), asthma is the number three reason for hospitalizations for children age fifteen and under. The rate for asthma hospitalizations decreased during adolescent years and increased at around age 30, (see Figure 3 below).

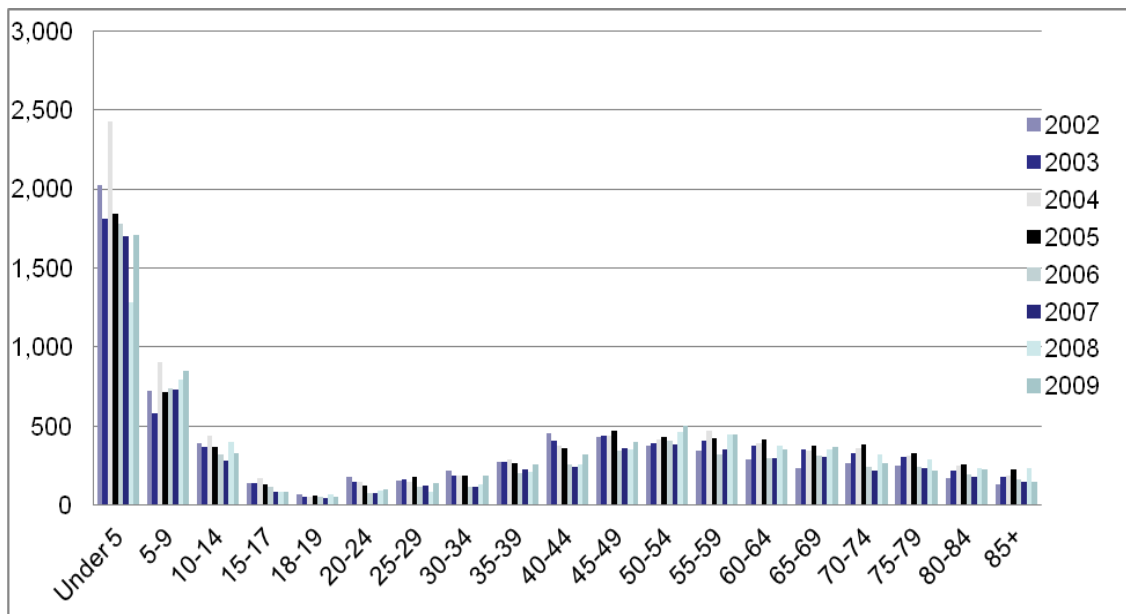


Figure 3: Crude Rates of Asthma Hospitalizations per 100,000 Residents by Year and Age

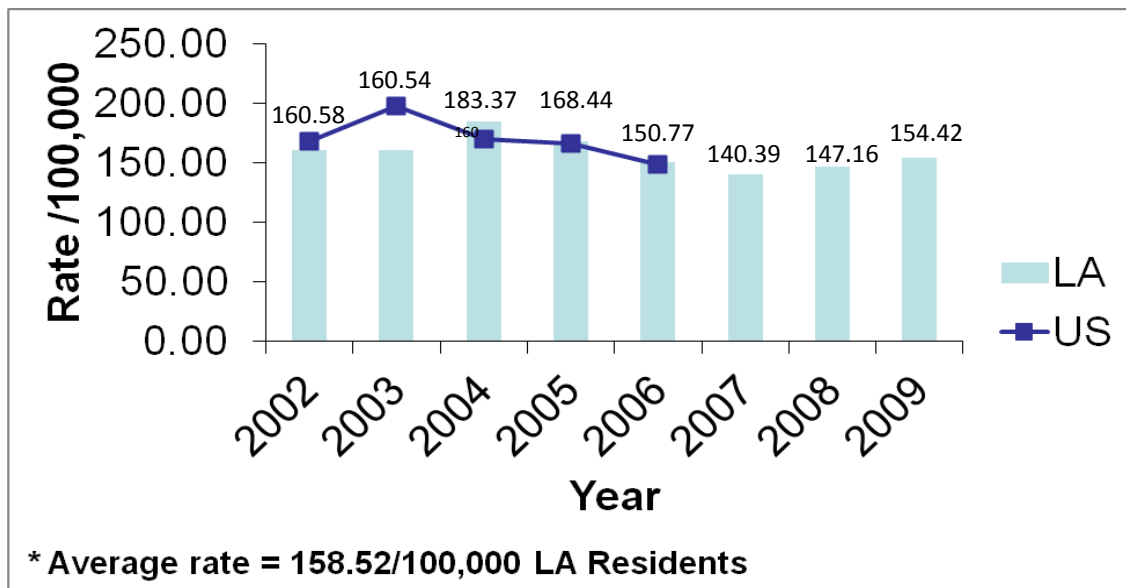


Figure 4: Louisiana 2002-2009 Average Counts of Asthma Hospitalizations by Year

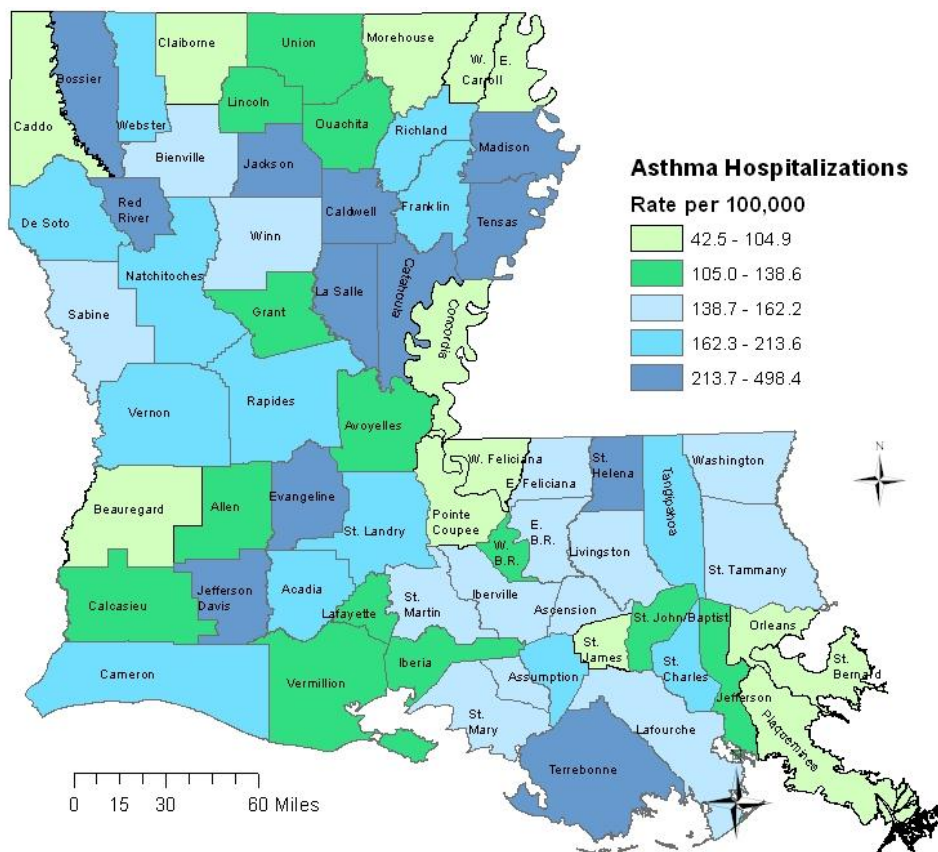


Figure 5: Average Annual Asthma Hospitalizations by Louisiana Parish, LAHIDD 2005-2010

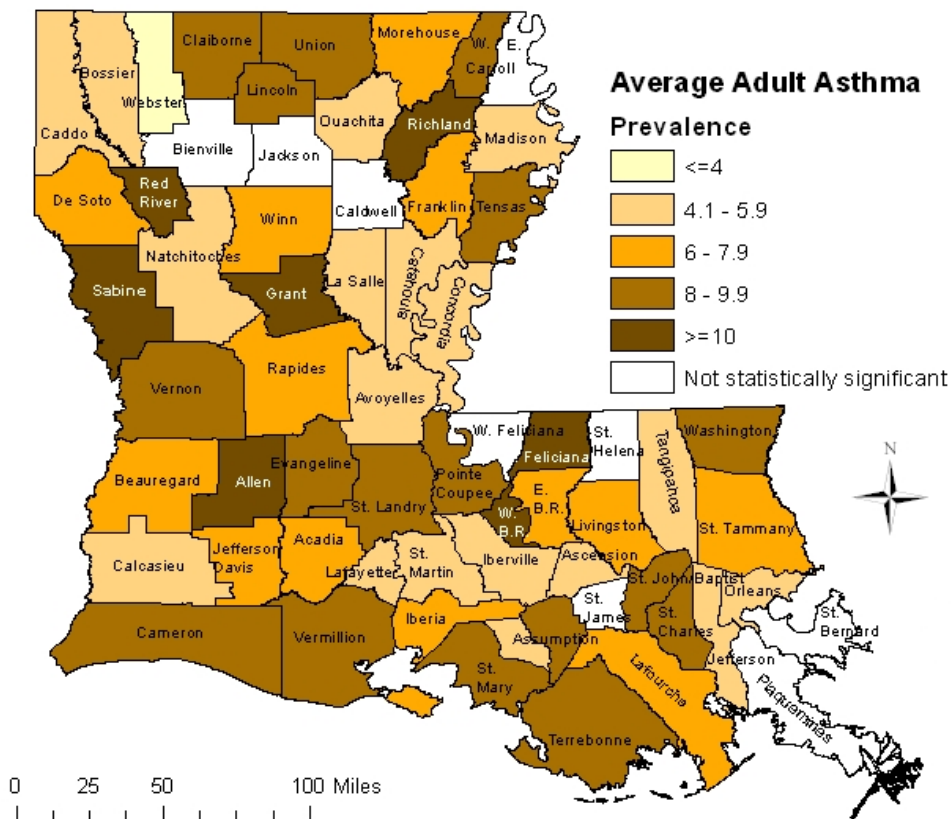


Figure 6: Prevalence Rate by Louisiana Parish, Behavioral Risk Factor Surveillance System 2006-2010

Staffing

Mark A. Perry serves as the Program Manager in which he prepares, submits and manages a significant work plan and budget for the Louisiana Asthma Management and Prevention Program; develops, implements, coordinates, monitors and evaluates a large statewide program; directs evaluation of the program including reviews, studies, establishment of directives, management reviews and reports of corrective action; negotiates and monitors professional services contracts and interagency agreements on the state level; serves on statewide committees involved with program planning; conducts surveys, special studies and organized research to assess statewide needs for program management; prepares state plans, grant applications, program protocol and requests for proposals; develops budgets and reviews budget requests and management of funds/expenditures for assigned areas of responsibility; ensures that requested reports regarding services, status and needs of the state in relationship to the program are submitted to CDC; reviews and approves statewide program requests for personnel, materials, supplies and equipment; directs and monitors program expenditures and budgetary adjustments; and assures compliance of grant activities to policies and procedures outlined by granting agency.

Mariella Gastanaduy currently serves as the Epidemiologist in which she is responsible for leading asthma surveillance activities, including asthma data collection, development and implementation of surveillance plans, aligning the program's annual work plan to the goals and objectives of the evaluation plan, and identifying data sources. She also analyzes and disseminates asthma-related data and write reports associated with the asthma burden and LAMP program initiatives.

Dr. Henry J. Nuss serves as the Program Evaluator where he assist LAMP Program staff in the development and implementation of a comprehensive Evaluation Plan with measurable outcomes that are utilized in evaluating the program's impact statewide in regards to program implementation and policy initiatives.

The Louisiana Asthma Surveillance Collaborative (LASC)

The LASC is LAMP's state steering committee. The committee's members represent a multitude of diverse backgrounds, including public health, education, environmental and health care experts, community organizers and university officials. The state's steering committee on asthma is charged with providing oversight to LAMP's efforts to decrease the burden of asthma across Louisiana.

Vision:

To improve the quality of life for people with asthma so that all people in Louisiana live, work, play and learn in communities that support health and optimal quality of life.

Mission:

To establish a statewide collaboration that develops and implements strategies that reduce the health and economic consequences caused by asthma through evidence-based, data driven best practices.

Purpose:

To improve the quality of life for individuals with asthma by facilitating community collaborations; establishing an effective surveillance system; advocating for an asthma-friendly environment; and developing a comprehensive asthma educational program for schools, providers and other members of the community.

The LASC has identified six priority areas that will guide the state's efforts to decrease the burden of asthma.

1. Community Outreach	4. Data and Surveillance
2. Healthcare Education	5. Health Inequities
3. Advocacy and Policy	6. Comprehensive Evaluation

About the LASC:

Under the funding opportunity provided by the CDC, LAMP and the LASC collaborate to guide the program's four Asthma Regional Coordinators (ARCs). The ARCs primary responsibility is to execute the state's five year strategic plan, or state plan, which includes the implementation of CDC's "Asthma-Friendly Schools Program" in targeted school districts around the state through their regional coalitions.

The LASC also provides oversight of the state's efforts to provide educational trainings to health care providers and other professionals. The LASC consists of several partners who collect and analyze the following data to help define the burden of asthma in Louisiana.

Prevalence rates:

- Quality of life;
- Asthma management;
- Incidence of asthma;
- Mortality and morbidity rates;
- Management of the disease; and
- Recognition and management of environmental triggers.

The Louisiana Asthma Management and Prevention Program considers the collection and use of comprehensive, quality data to be a critical first step to the development of any prevention and educational program centered on community outreach and the elimination of health inequities.

Louisiana will focus on the following Healthy People 2020 objectives for asthma:

- ✓ Reducing hospitalizations for asthma;
- ✓ Reducing missed school and work days by persons with asthma, due to asthma; and
- ✓ Increasing the proportion of persons with asthma who receive formal patient education, including information about community and self-help resources as an essential part of the management of their condition.

LASC Next Steps:

The group prioritized its efforts through the development of a core group and five working groups that will continue to drive the vision and mission of the state's asthma program around the aforementioned priority areas. These priority areas established the foundation for an implementation process to address the burden of asthma in Louisiana. As a result of the inclusive planning process, the LAMP, the LASC, and the American Lung Association of Louisiana completed the [*2009 Louisiana State Plan to Address the Burden of Asthma*](#).

The next steps for the LASC and LAMP are to assist in developing a comprehensive asthma program that focuses on asthma education, policy and systems changes at all levels. In doing so, they will continue to provide guidance and oversight of the ARCs for the implementation of the five year state plan, under the cooperative agreement with the CDC.

Louisiana Asthma Surveillance Collaborative (LASC) Partners	
Alpha, Kappa Alpha Sorority Inc.	Center of Planning Excellence
Asthma HELP Program, University of Louisiana at Monroe	DHH/Office of Public Health (OPH)/Section on Environmental Epidemiology and Toxicology (SEET)
Louisiana Public Health Institute (LPHI)	LA Diabetes Prevention and Control Program
Louisiana Tobacco Control Program (LTCP)	Louisiana Department of Education
Louisiana Society for Respiratory Care	Louisiana/OPH/Nursing Services
Louisiana Head Start Association	Governor's Office of Elderly Affairs
Louisiana School Nurses Organization	Adolescent School Health Program
Tulane University	Louisiana State University (LSU), School of Public Health
Louisiana Department of Social Services	LA Department of Environmental Quality
Xavier University College of Pharmacy in LA/MERCK Childhood Asthma Network	University of Louisiana at Monroe College of Pharmacy
Louisiana Chapter of the American Academy of Pediatrics	Louisiana State University Health Sciences Center
American Lung Association of Plains-Gulf Region Inc.	Louisiana State University School of Public Health
Pointe Coupee General Hospital	LA Society of Allergy, Asthma and Immunology Foundation
St. Elizabeth Hospital	Earl K. Long Hospital
Campti Community Development Center	Morehouse General Hospital
Open World Family Services, Inc.	Children's Coalition For Northeast Louisiana
Alma A. Charles Stewart Consultants	Primary Care Providers for a Healthy Feliciana
Louisiana State University Agricultural Center	Genetic Diseases & Childhood Lead Poisoning Prevention Program

Summary of Findings on Asthma in Louisiana

Key Findings

- Over the last seven years, Louisiana has ranked below the U.S. average in the “current asthma” diagnosis, with exception of 2008, when the state nearly caught up to the nation’s average (8.4% US vs. 8% LA);
- Hispanic adults in 2008 reported higher prevalence for “current asthma,” compared to other racial/ethnic groups;
- From 2005 – 2010 African Americans reported higher rates of asthma diagnosis than other race groups;

- 11.7% of adults have been diagnosed with asthma;
- In 2008, the percentage of residents between 18-24 years old diagnosed with “current asthma” doubled from 6.3% to 13.3%;
- Approximately 10.4% of the residents who reported having “current asthma” had no health insurance, as compared to 7.5% of residents who had insurance and currently had asthma;
- Pointe Coupee Parish, Morehouse, Lincoln, West Carroll, Washington and St. John the Baptist Parishes have the highest prevalence rates;
- According to the YRBS, nearly 23% of high school students had “ever been diagnosed with asthma”; of those, 14% currently suffered from asthma;
- Approximately 22.7% of high school students have missed school due to asthma in the past 12 months;
- As students grew and moved up a grade, the number of missed school days due to asthma increased. The average age-adjusted asthma hospitalization rate over the seven-year period was 159.04/100,000 residents;
- During 2002-2008, children under the age of five had the highest hospitalization rate of all age groups;
- Most parishes in the state’s Delta region reported higher annual rates of asthma hospitalizations than the rest of Louisiana;
- Lafourche Parish reported the highest annual rate (1050/100,000 residents) of asthma hospitalizations from 2005-2008;
- The overall rate of asthma mortality for Louisiana residents declined from the year 2002 to 2007; and
- Asthma mortality rate increases as age increases.

Program Accomplishments

- Sustained the Louisiana Asthma Surveillance Collaborative for three years;
- Awarded \$1.75 million in grant funding from CDC for five (5) years beginning September 2009;
- Worked to get the 2009 Louisiana law Act 145 passed which allows public school students to carry and self-administer lifesaving asthma medications where they learn and play;
- Established four Asthma Regional Coalitions in Louisiana regions 1, 2, 7, and 8;
- Partnered with four school districts and the Louisiana School Nurses Organization to establish the Louisiana Asthma-Friendly Schools Initiative;

- Collaborated with Louisiana Head Start Association to develop an educational program that will increase knowledge of Head Start families, administrators and staff members around environmental asthma triggers and self-management education;
- Assisted the University of Louisiana at Monroe College of Pharmacy to increase the number of Medicaid and LaCHIP patients enrolled in the Louisiana Asthma HELP Line to receive self-management education about asthma by 25%;
- Provided training around the most updated Asthma Guidelines for the Diagnosis and Management of Asthma to over 200 Louisiana healthcare physicians, nurses and respiratory therapist in DHH regions 1, 2, 7, and 8;
- Provided asthma self-management education to 60 adults with asthma through the nationally recognized “Breathe Well, Live Well Program”;
- Developed a five-year asthma evaluation plan and state evaluation work group on asthma;
- Collaborated with more than 75 Louisiana school nurses and 30 Louisiana health care providers to create the state’s first asthma toolkits to address prevention and management of asthma in the school setting;
- Developed the [*Louisiana State Plan on Asthma*](#) to decrease the burden of asthma; and
- Produced and distributed the 2008 [*Louisiana Asthma Burden Report*](#).

DIABETES PREVENTION AND CONTROL PROGRAM



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Program Overview

The Louisiana Diabetes Prevention and Control Program (DPCP) is a division of the Louisiana Department of Health and Hospitals' (DHH) Office of Public Health (OPH), Bureau of Primary Care and Rural Health's (BPCRH) Chronic Disease Prevention and Control Unit (Chronic Disease Unit). The mission of the Louisiana DPCP is to reduce the morbidity and mortality of diabetes in Louisiana.

The DPCP strives to achieve its mission by providing diabetes-related technical assistance and support to individuals, health care providers and agencies; maintaining a reliable diabetes surveillance system; and eliminating gaps in Louisiana's diabetes public health system.

The Louisiana DPCP serves as the Louisiana affiliate for the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) National Diabetes Program. This initiative is funded in all fifty-nine U.S. states and territories.

The CDC DDT National Diabetes Program has four goals:

- Goal 1: Prevent diabetes;
- Goal 2: Prevent complications, disabilities and burden associated with diabetes;
- Goal 3: Eliminate diabetes-related health disparities; and
- Goal 4: Maximize organizational capacity to achieve the National Diabetes Program goals.

The Louisiana DPCP is funded through a cooperative agreement with the CDC and a required state match.

Diabetes Burden

Prevalence

Diabetes is a common, yet serious disease; affecting thousands of Louisiana residents, it ranks as the fifth leading cause of deaths in the state. Diabetes data suggests that minorities, older adults (65 years of age and older), adults with a low household income (annual income of less than \$15,000) and adults whose education level is below a high school degree have higher rates of diabetes prevalence compared to other populations.

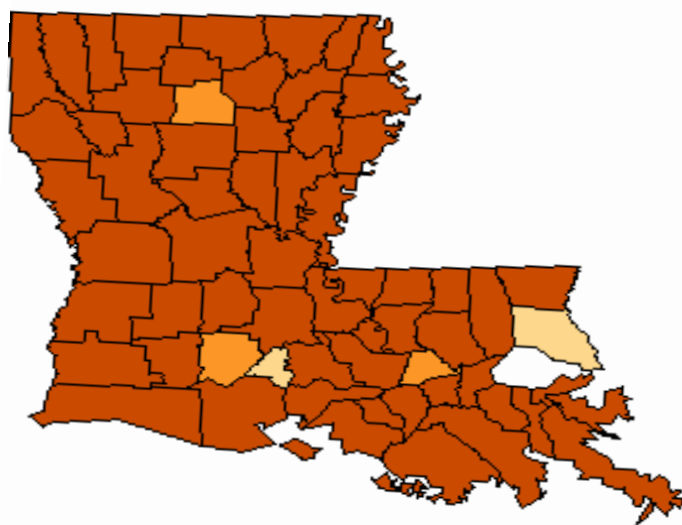
According to data from the 2009 Behavioral Risk Factor Surveillance System (BRFSS), approximately 11.3%, or nearly 507,604 individuals, of Louisiana adults 18 years and older are diagnosed with diabetes. The age-adjusted prevalence for diabetes steadily increased from 6.1% in 1999 11.3 % in 2009.

In 2009, African Americans also had the highest prevalence (14.2%) of diabetes when compared to other race groups. Age also had a significant effect on diabetes prevalence; nearly one out of every four adult residents, age 65 years and older, had been diagnosed with diabetes.

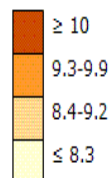
In regards to recommended preventive care practices, the 2009 BRFSS found that 40% of adults with diabetes had their HbA1C tested less than four times within the last year; nearly 30% did not complete an annual dilated eye exam; and 27% did not complete a foot exam within the past year.

Louisiana has the highest mortality rate (35.9 / 100,000 persons) attributed to diabetes of all U.S. states and territories. Louisiana residents diagnosed with diabetes are also five times more likely to have a heart attack and three times more likely to have a stroke compared to adults without diabetes. Obese residents (those with a body mass index greater than or equal to 30) are four times more likely to have diabetes compared to residents that are not obese.

National Diabetes Surveillance System: Trend Data



2008 Age-Adjusted Estimates of the Percentage of Adults with Diagnosed Diabetes in Louisiana
LEGEND:



Source: CDC National Diabetes Surveillance System, 2010.

Reference cited: Louisiana 2009 BRFSS

Staffing

The Louisiana DPCP staff consists of a program manager, program monitor and part-time epidemiologist. Programmatic and administrative support is provided by Matthew Valliere, director of the Chronic Disease Prevention and Control Unit (Chronic Disease Unit) and Tasha Bergeron, OPH clinical nurse advisor for the Chronic Disease Unit.

Natasha M. McCoy, BS, MPH serves as program manager and is responsible for the design, implementation and management of all DPCP activities, and ensuring all activities function to improve the state's capacity to address the needs of Louisiana residents living with and affected by diabetes. McCoy works year-round to develop and maintain relationships with statewide stakeholders to improve communications, networking and educational opportunities among this group. She is also responsible for identifying program and community needs and remains current on promising practices, best practices and evidence-based initiatives in diabetes prevention and care.

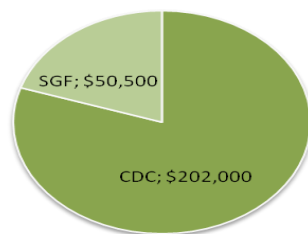
Lynn Kinchen serves as program monitor for the Louisiana DPCP. Kinchen's duties include providing support to the program manager to develop, implement and enhance diabetes initiatives throughout Louisiana in order to reduce the morbidity and mortality of diabetes in Louisiana. Examples of Kinchen's duties include promoting awareness of diabetes services and resources; providing technical assistance in the design, implementation and evaluation of diabetes-related wellness and health promotion activities; and coordinating diabetes-related continuing education activities for medical and public health providers.

Alok Bhoi serves as a part-time epidemiologist for the Louisiana DPCP. Bhoi is responsible for leading diabetes surveillance activities and assisting in crafting the diabetes evaluation plan. Bhoi's duties also include responding to data requests from the public; identifying new data sources; and writing reports to inform the public of Louisiana's diabetes prevalence and burden.

Program Funding

The Louisiana DPCP is funded by a cooperative agreement with the CDC, the National Center for Chronic Disease Prevention and Health Promotion and a required state match. The Louisiana DPCP received its first cooperative agreement award from the CDC in October 1996.

Louisiana Diabetes FY10 Funding



Partnerships

Partnerships are essential to the success of all programs and initiatives. During the 2009-2010 state fiscal year, the Louisiana DPCP partnered with the BPCRH and the Chronic Disease Unit programs (CDPCU), the Louisiana Primary Care Association (LPCA) and the Louisiana Rural Health Association (LRHA) to plan and implement the Health Disparities Collaborative – Louisiana State Cluster, the focal health systems intervention for the 2009-2010 CDC budget period.

The Louisiana DPCP also worked very closely with the Louisiana Tobacco Control Program (LTCP) to convene a continuing education workshop for diabetes and tobacco cessation stakeholders, as well as the Louisiana BRFSS Program in order to secure data to complete the [*Louisiana Diabetes Report 2007 Edition*](#).

Program Interventions/Projects

Administration, Management and Leadership:

- **Statewide Diabetes Council:** The Louisiana DPCP conducted numerous conference calls with diabetes council members to discuss council redevelopment efforts. On April 22, 2010, this effort was followed up with a diabetes council meeting held at the Pennington Biomedical Research Center in Baton Rouge.

Surveillance, Analysis and Evaluation:

- [Annual Behavioral Risk Factor Surveillance System \(BRFSS\):](#) Louisiana DPCP provided funds to include the diabetes module in the statewide 2010 BRFSS questionnaire.
- [Diabetes Fact Sheet:](#) Louisiana DPCP Epidemiologist Alok Bhoi completed data analysis of the 2009 Louisiana BRFSS and produced a one-page diabetes fact sheet.
- [Louisiana Diabetes Data Report:](#) Louisiana DPCP staff partnered with the Louisiana BRFSS Program, eQHealth Solutions (formerly known as Louisiana Health Care Review) and Louisiana Medicaid to develop a comprehensive report on the prevalence and impact of diabetes in Louisiana. Data primarily focused on adults with diabetes, age 18 years of age and older and included previously unreported information on access to care, health status, economic costs and mental health.

Promoting Social, Environmental, Policy and Systems Approaches at the State and Community Levels:

- *Diabetes Preventive Services Utilization Report:* The Louisiana DPCP served as a collaborative partner in the Louisiana Heart Disease and Stroke Prevention Program's (HDSP) Health Insurer Project. This project involved working with the Louisiana Association of Health Plans to distribute the *Cardiovascular and Diabetes Quality Measures (CDQM) Survey* among Louisiana's top health insurers. Data collected from the CDQM Survey was used to develop the *Cardiovascular and Diabetes Quality Measures (CDQM) Survey*.

Interventions in Health Care Systems:

- **Louisiana Health Disparities Collaborative:** The Health Disparities Collaborative - Louisiana State Cluster aims to build capacity among Louisiana-based Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide quality chronic disease care and reduce health disparities, particularly among patients diagnosed with diabetes and cardiovascular disease. This statewide initiative is managed through a contractual agreement with the LPCA and co-monitored by the Louisiana DPCP and HDSP. Essential partners include the LTCP, BPCRH Practice Management Unit, Louisiana BRFSS

and the LRHA.

- Fax-to-Quit Training for Diabetes Providers: The Louisiana DPCP partnered with the LTCP to promote use of the Fax-to-Quit Louisiana Program among diabetes medical providers, and increase use of the Louisiana Quitline among people living with diabetes. The Fax-To-Quit Louisiana program works by linking individuals trying to quit tobacco use, to Quitline services with the help of the program's clinicians. After signing the fax-referral consent form, the clinician faxes the form to the Quitline at 800-483-3114, and the Quitline Registration Intake Specialist will then contact the individual to schedule coaching sessions to assist the individual in the quitting process. The Fax-To-Quit Louisiana program follows HIPAA compliance, ensuring that patient information in the form is confidential.
- Activities included facilitating a webinar on tobacco dependence among adults with diabetes in March 2010 and continued promotion of tobacco cessation services through the statewide diabetes listserv.

Program Accomplishments/Evaluation

Following is a list of the Louisiana Diabetes Program's accomplishments in the 2010 fiscal year:

- Launched the Health Disparities Collaborative – Louisiana State Cluster among three FQHCs in partnership with the Louisiana HDSP and TCP, BPCRH and the LPCA;
- Developed a custom chronic disease registry system, the HDC-LA Chronic Disease Electronic Management System, based on the Chronic Disease Electronic Management System software developed by the Washington State Department of Health;
- Monitored an aggregate, clinic-managed chronic disease registry of 150 Louisiana adults diagnosed with diabetes and cardiovascular disease;
- Finalized and disseminated copies of the [*2007 Louisiana Diabetes Report*](#), which included diabetes prevalence data and statistics from the Louisiana BRFSS, Louisiana Medicaid data, Louisiana Medicare data and CDC National Diabetes Surveillance System; and
- Conducted one continuing education webinar entitled, "Treating Tobacco Dependence in Diabetes," in partnership with the Louisiana Tobacco Control Program, and a second webinar entitled, "Interactions Between Diabetes and Mental Health on Use of Tobacco Products," presented by Clarissa Hoff, MD resident and MPH candidate, in partnership with Tulane University School of Medicine.

HEART DISEASE AND STROKE PREVENTION PROGRAM



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PROGRAM OVERVIEW

The Louisiana Heart Disease and Stroke Prevention (HDSP) Program began in 1999 with funding from the Centers for Disease Control and Prevention (CDC). The mission of the HDSP Program is to promote the prevention and control of heart disease and stroke and the elimination of related health disparities. The program works to increase the state's capacity to address heart disease and stroke prevention, as well as improve surveillance of heart disease, stroke and related risk factors, in order to improve and implement interventions to reduce the burden of heart disease and stroke and eliminate disparities between general and priority populations.

The goals of the program are written in the [*2007-2010 Louisiana State Plan for the Prevention and Treatment of Heart Disease and Stroke*](#) and are based on the goals of CDC's [*Public Health Action Plan to Prevent Heart Disease and Stroke*](#):

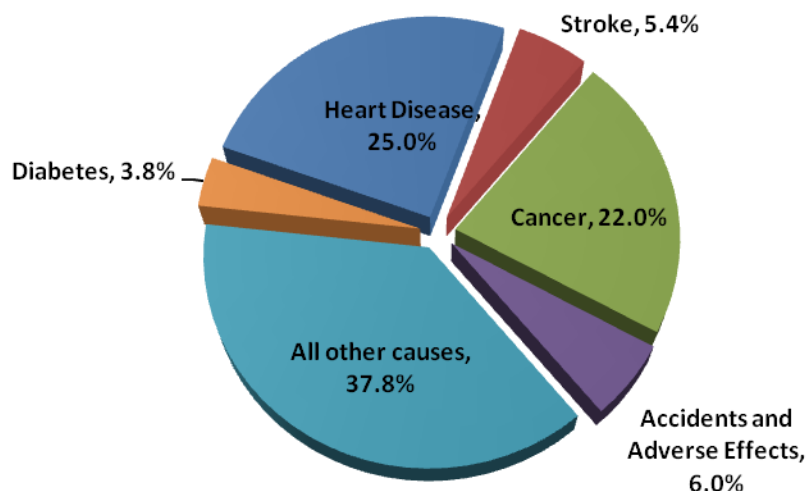
- Prevention of Risk Factors;
- Detection and Treatment of Risk Factors;
- Early Identification of Heart Attacks and Strokes;
- Treatment of Cardiovascular Diseases and Prevention of Recurrent Cardiovascular Events; and
- Infrastructure, Policy Development and System Changes.

HEART DISEASE AND STROKE BURDEN

Deaths

	COUNT	AGE-ADJUSTED RATE PER 100,000
Cardiovascular Disease	13,064	307.1
Heart Disease	10,026	235
Stroke	2,195	52.1

Source: CDC Wonder 2006



Leading Causes of Death in Louisiana:

1. Heart disease is the primary cause of death in Louisiana and kills more than 10,000 residents each year; and
2. Stroke is the fourth leading cause of death, killing more than 2,000 people each year.

Prevalence

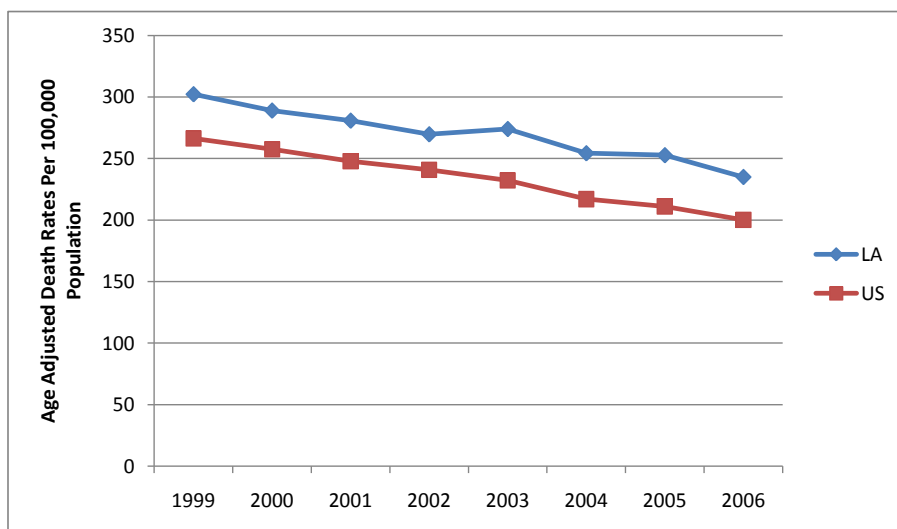
Prevalence in Louisiana (BRFSS 2009)

DISEASE	PREVALENCE
Heart Attack	4.4%
Heart Disease	5.3%
Stroke	3.3%

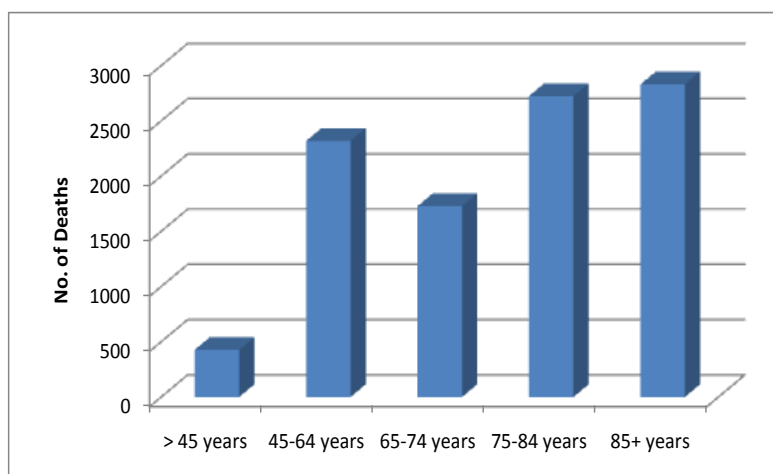
	HEART DISEASE	STROKE	HEART ATTACK
Male	6.2%	2.9%	5.2%
Female	4.4%	3.7%	3.6%

Healthcare Costs

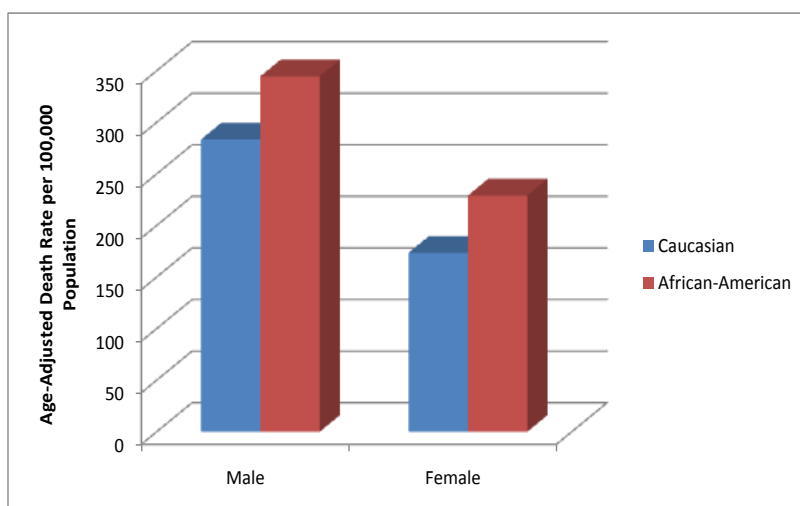
1. In 2007, patients with heart disease averaged a four day length of stay in the hospital, and the average charge per patient was \$36,208; and
2. The average length of stay in the hospital for stroke patients was 4.8 days, and the average charge per patient was \$26,700 in 2007.



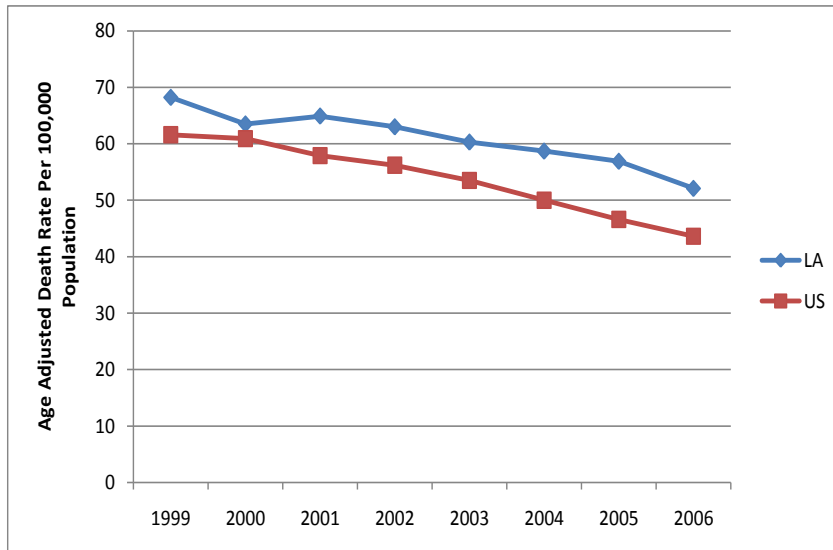
Age-Adjusted Death Rate for Heart Disease, LA and US, 1999-2006



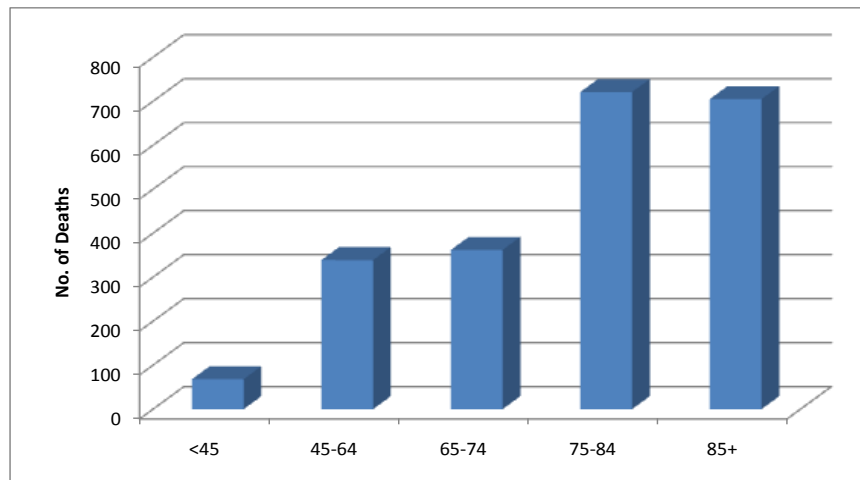
Heart Disease Death Rate by Age, LA and US, 2006



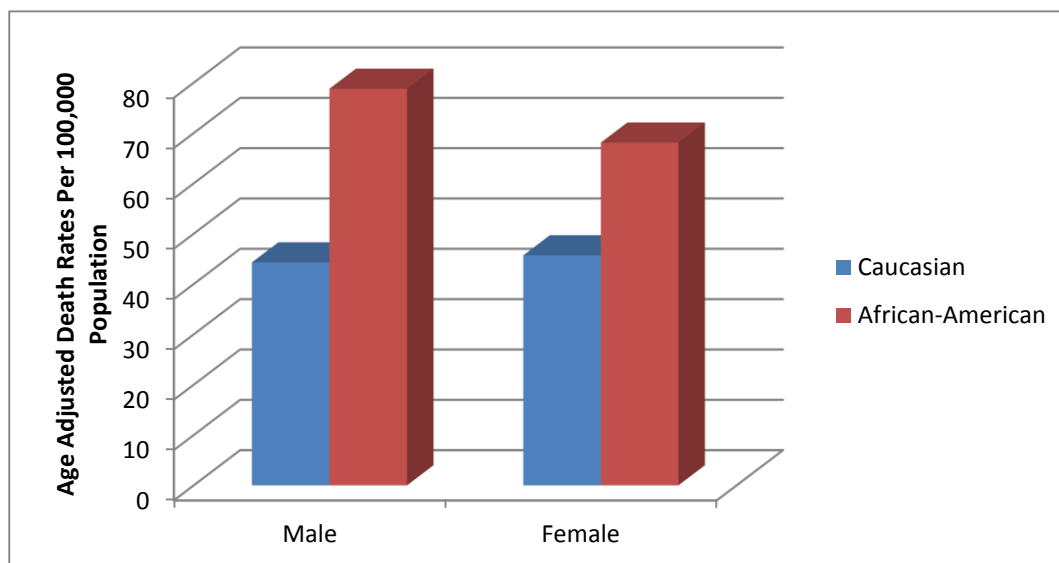
Age-Adjusted Death Rates for Heart Disease by Gender and Race, Louisiana 2006



Age-Adjusted Death Rate for Stroke, LA and US, 1999-2006

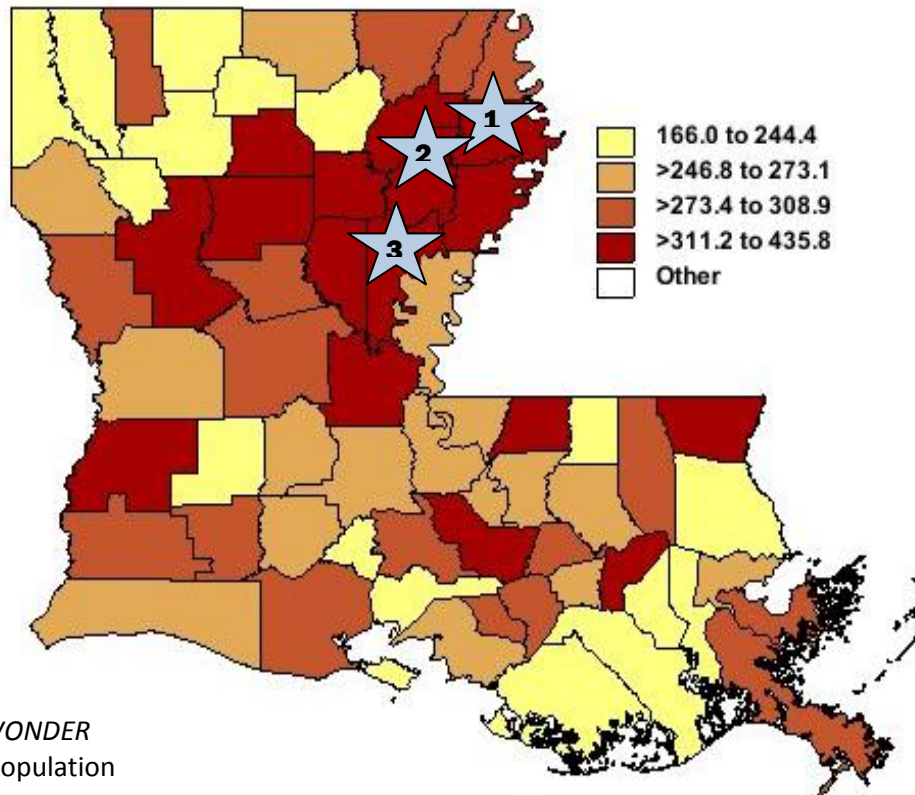


Stroke Deaths by Age, Louisiana 2006

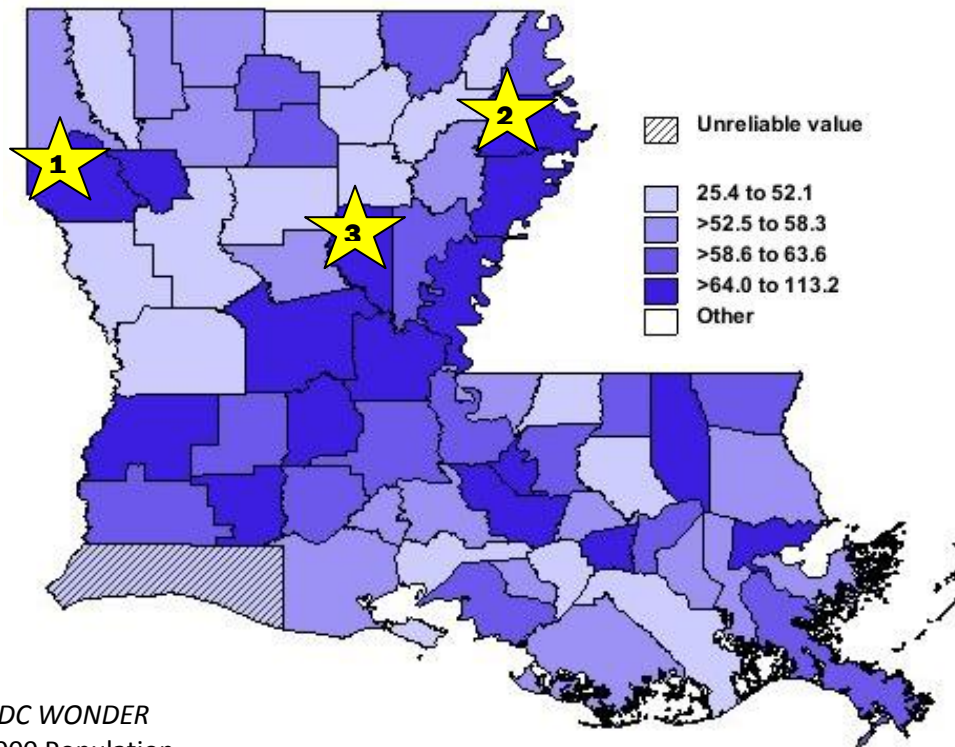


Age-Adjusted Death Rates for Stroke by Race and Gender, Louisiana 2006 (Source: CDC Wonder)

Maps



Age-Adjusted Heart Disease Death Rates* by Parish, Louisiana, 2002-2006



Age-Adjusted Stroke Death Rates* by Parish, Louisiana, 2002-2006

Staffing

The core staff of the HDSP Program includes:

Program Managers - Jorli Wales (August 2006-March 2010) and Marisa Marino, MA

(March 2010 – Present):

- Responsible for managing, planning and coordinating the statewide comprehensive HDSP Program, which includes policy and program development focusing on environmental and systems changes that support quality of care issues, surveillance of health behavior, and evaluation of disease prevention programs which prevent or help control heart disease | and stroke.
- Facilitates the HDSP Coalition in the achievement of the HDSP state plan objectives.

Program Monitor - Marisa Marino, MA (January 2007-March 2010):

- Responsible for assisting in the planning and coordination of Louisiana's statewide, comprehensive HDSP Program, which includes assisting with the coordination and management of the HDSP Coalition and evaluation activities. Plans, writes and monitors contracts for the program and assists with the promotion and coordination of program and partnership activities; and
- Supports the program manager in researching data and best practices, as well as state policies that support the prevention of heart disease and stroke.

Epidemiologist - Alok Bhoi, MBBS, MPH (August 2007-Present)

- Responsible for data collection activities, including methodologies and analysis;
- Coordinates surveillance and evaluation efforts while providing technical assistance and training to partners;
- Produces evaluation reports and utilizes evaluation findings to improve, expand, or maintain the HDSP Program goals; and
- Uses knowledge of Statistical Analysis Software (SAS), biostatistics, analysis of data, to prepare reports using graphs, and participates in grant writing for the HDSP Program.

Program Funding

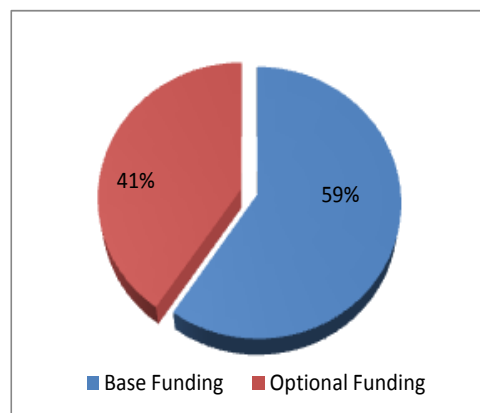
The HDSP Program is 100% federally funded through a cooperative agreement with the CDC. The CDC State Heart Disease and Stroke Prevention Program grant has two funding levels, capacity building and basic implementation. Louisiana is currently a capacity-building state, which funds the following:

- Developing and maintaining partnerships that can collaborate on developing and

implementing a comprehensive state plan and strategies to leverage resources and coordinate interventions;

- Defining and monitoring the burden of heart disease and stroke in Louisiana;
- Developing, updating and implementing a comprehensive state plan for heart disease and stroke prevention with an emphasis on heart-healthy policy development, physical and social environmental change, and disparities elimination; and
- Using population-based public health strategies to increase public awareness of the heart disease and stroke urgency, the signs and symptoms of heart attack and stroke, and the need to call 9–1–1.

Since 2007, the HDSP Program has received \$293,628 annually in grant funds. In July 2009, the CDC awarded the program an additional \$200,000 to implement a telestroke network in southeast Louisiana, in partnership with the Ochsner Clinic Foundation and the American Heart Association.



Partnerships

HDSP Coalition - The HDSP Coalition currently has a membership of more than 40 organizations. These organizations are demographically diverse and several represent disparate populations. Four work groups have been formed: Stroke, Health Education, Quality Improvement and Surveillance/Evaluation. Each work group has its own work plan based on the goals and objectives of the 2007-2012 HDSP Louisiana State Plan. The coalition meets biannually, while workgroups meet quarterly to discuss activities of their work plans.

American Heart Association (AHA) - AHA is involved in two of the largest HDSP Program initiatives: Get With The Guidelines (GWTG) and telestroke. AHA was essential in recruiting hospitals to join the GWTG Program, which is an AHA quality improvement program. AHA provides these hospitals with training and technical assistance to ensure their success with the program. Since participating in the GWTG Program is required by the hospitals participating in the telestroke initiative, AHA is also a vital member of the telestroke committee.

Ochsner Medical Center - When considering the implementation of a telestroke system in southeast Louisiana, it was clear that a partnership with Ochsner Medical Center was necessary. Ochsner is a Primary Stroke Center and already had a telestroke network in place for other Ochsner hospitals in south Louisiana. They have been instrumental in the success of the telestroke program.

Louisiana Department of Health and Hospitals (DHH) - Representatives from each DHH office are members of the worksite wellness committee, led by the HDSP Program. Members assist in planning and implementing activities, as well as forwarding wellness announcements and messages to co-workers.

Program Interventions/Projects

Telestroke

In July 2009, the HDSP Program was awarded an additional \$200,000 per year from CDC to implement a telestroke network in southeast Louisiana. The HDSP Program partnered with Ochsner Medical Center in New Orleans, which was implementing its own telestroke network with Ochsner hospitals, and the AHA to implement this program.

The telestroke network, Acute Stroke System for Emergent Regional Telestroke (ASSERT), is based on the “hub and spoke model.” Ochsner Medical Center acts as the “hub” hospital, meaning it houses the neurologists and receives the calls from the “spoke” hospitals, which are smaller hospitals, usually in rural areas, that do not have 24/7 access to a neurologist. ASSERT allows the neurologist from Ochsner to examine a stroke patient remotely using the REACH Call system, which connects a computer with a high-resolution web cam on a mobile cart in the emergency room to the neurologist’s computer.

Funding from CDC is being utilized to assist spoke hospitals with the start-up costs of participating in ASSERT. Hospitals are also provided with funds for community education on the signs and symptoms of stroke. Additionally, hospitals are funded to participate in AHA’s Get With The Guidelines-Stroke Program, a quality improvement initiative that ensures physicians are aligning treatment with the most up-to-date evidence based guidelines. This program uses the Patient Management Tool (PMT), an online, interactive assessment and reporting system that helps track each hospital's performance with the guidelines.

St. Charles Parish Hospital began participating in ASSERT in January 2010. Two additional hospitals, Franklin Foundation Hospital and Northshore Regional Medical Center, began in June 2010. St. James Parish Hospital and St. Tammany Parish Hospital have also agreed to participate. The HDSP Program, Ochsner Medical Center and AHA intend to have at least eight spoke hospitals by the end of

the grant in June 2012.

Get With The Guidelines

Because heart disease is the state's leading cause of death and stroke the fourth, the HDSP Program is vested in influencing and contributing to the quality of care and health outcomes of patients suffering from heart disease and stroke in all Louisiana communities. This commitment led to the development of a strategic plan to increase enrollment of hospitals statewide in the AHA's Get With the Guidelines (GWTG) Program. The GWTG Program improves patient care, as well as education and self-management skills of patients with heart failure and stroke.

The PMT is the GWTG program's hallmark, which enables physicians to consistently treat patients with heart failure or stroke, according to the most up-to-date guidelines. The tool also enables each hospital to track their patients' progress and empowers patients with educational materials on self-management.

Over the past three years, the HDSP Program has developed a strategic plan which includes:

- Covering the cost of PMTs for hospitals enrolling in the GWTG Program;
- Receiving monthly reports of aggregate hospital data;
- Meeting with each hospital's Quality Improvement Director and Care Team that participates in the GWTG Program; and
- Providing regional "Lunch and Learn" workshops to interested hospitals.

Since 2007, working relationships with hospital teams participating in the GWTG Program has grown. Through face-to-face meetings with each hospital team, the HDSP Program staff has learned about their satisfaction with GWTG, as well as their challenges and/or barriers.

The number of hospitals enrolled in the GWTG program has grown since 2007, when only 10 hospitals were enrolled in GWTG. In 2010, 15 hospitals renewed their contracts and 4 new hospitals enrolled, bringing the total to 19.

Worksite Wellness

The HDSP Program has also developed and implemented a pilot worksite wellness program for the approximately 900 employees housed in the Louisiana Department of Health and Hospitals' (DHH) Bienville Building. After receiving approval from DHH administrators, a worksite wellness committee was developed with representatives from each office in DHH. The committee meets monthly.

Assessments of the worksite and employees' interest were conducted in October 2009. Free health screenings and an on-line Health Risk Assessment (HRA) were given in January and June 2010. More

than 30% of the employees participated. Results from the worksite assessment, employee interest survey and HRA are being utilized to guide the committee's plans for the worksite wellness program.

Exercise classes (Yoga and Zumba) have been conducted in the building after work since March 2010. Thirty minute educational seminars, or "Lunch and Learns," are also offered to employees on health-related topics such as high blood pressure, weight management and diabetes. Health screenings will again be offered in January 2011. The results of these screenings will be compared to those from 2010 to determine if employees' health has improved since implementation of the program.

It is the intent of the HDSP Program to develop a worksite wellness toolkit, based on the HDSP Program's pilot program, which can be used by other businesses to implement a worksite wellness program. The toolkit will be utilized to implement a worksite wellness program in a second worksite in 2011 to determine if success with the program at DHH can be replicated at other worksites. The toolkit will be made available to the public in 2011.

EMT Survey

In an effort to measure Emergency Medical Technicians' (EMT) knowledge of stroke signs and symptoms and the need for immediate treatment, the HDSP Program developed a stroke survey, which was mailed to 2,000 EMTs randomly chosen across the state; 237 surveys were returned. A report summarizing the results of these surveys will be complete by the end of 2010. Using the results of this report, recommendations for trainings will be developed for the DHH Bureau of EMS.

Cardiovascular and Diabetes Quality Measures Survey

The *Cardiovascular and Diabetes Quality Measures (CDQM) Survey* was a collaborative initiative of the Louisiana Department of Health and Hospitals' Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit and the Louisiana Association of Health Plans (LAHP). The CDQM Survey was developed to obtain a baseline for measuring qualitative indicators utilized by Louisiana's health insurers. The survey's objectives were as follows:

- To analyze Louisiana health insurer data regarding cardiovascular disease and diabetes; and
- To provide recommendations on the adoption of effective and cost efficient health promotion and disease prevention practices, if survey analysis warrants.

In 2009, the CDQM Survey was conducted among the top seven health insurers in Louisiana. By surveying the top health insurers, a vast majority of residents with coverage were captured statewide. The survey was designed to capture data from the most comprehensive Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) products, offered by the health insurers.

Primary Stroke Centers

Primary Stroke Centers (PSC) are hospitals that have been certified by The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations), as centers that make exceptional efforts to foster better outcomes for stroke care. Hospitals must successfully demonstrate compliance with an evaluation of hospital standards, clinical practice guidelines and performance measurement activities to be certified.

The HDSP Program supports hospitals' efforts in becoming a PSC by providing funds for the Get With The Guidelines-Stroke Patient Management Tool, a data collection tool and database that helps ensure continuous quality improvement of acute stroke treatment and stroke prevention. At the beginning of this grant cycle in 2007, Louisiana only had two PSCs. There are now five PSCs in Louisiana, with more hospitals planning to apply in the near future.

Data Sources

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- 2) Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2006. CDC WONDER On-line Database compiled from Compressed Mortality File 1999-2006 Series 20 No. 2L, 2009. Accessed at <http://wonder.cdc.gov/cmfi/d10.html> on Oct. 4, 2010, 11:54:07 AM
- 3) Louisiana State Center for Health Statistics, Department of Health and Hospitals, Office of Public Health, Louisiana Hospital Inpatient Discharge Database (LAHIDD), 2007.

LOUISIANA TOBACCO CONTROL PROGRAM



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Program Overview

The mission of the Louisiana Tobacco Control Program (LTCP) is to utilize evidence-based strategies in tobacco control surveillance, evaluation, program management, communication, and resource development to advance public policies promoting a tobacco-free Louisiana.

The vision of LTCP is to create a tobacco-free Louisiana by working in statewide partnerships for the elimination of secondhand smoke exposure, promoting smoking cessation among young people and adults, preventing initiation of tobacco use among young people, and identifying and eliminating tobacco-related disparities among populations.

Burden of Tobacco-Use in Louisiana (2009-2010)

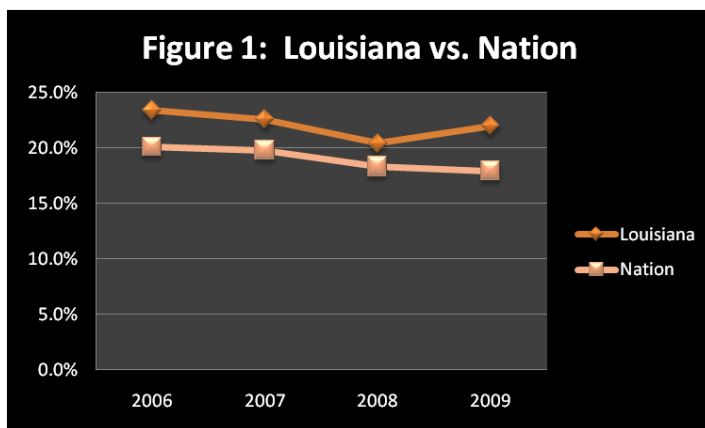
Tobacco use is the single most preventable cause of disability, death and disease in the United States¹. An estimated 46 million American adults currently smoke cigarettes, and each year nearly 443,000 deaths are recorded due to illnesses² caused by smoking tobacco. Of the 46 million smokers in this country 726,600 reside in the state of Louisiana, accounting for nearly 2% of the total smoking population in the United States³.

In Louisiana, nearly 6,500 deaths occur each year, and more than 100,000 potential years of life are lost due to tobacco use⁴. In addition to lives lost, the majority of the burden of the costs of tobacco dependence treatment falls on the state's Medicaid system. Nearly \$1.5 billion dollars in healthcare cost are associated with tobacco illnesses in Louisiana, and of that nearly 45% of those costs (\$663 million) are paid by the state's Medicaid system³.

Smoking prevalence is one of the best ways to determine burden and to track change and progress over time. *Figure 1* below displays Louisiana's smoking prevalence since 2006. Beginning in 2006, Louisiana showed a decline in smoking prevalence until 2009.

In 2009, smoking prevalence increased from 20.4% in 2008 to 22.1%⁶. However, the nation's decline continued over this four year period and reached a low of 17.9% in 2009⁹. According to the 2009 demographics, Louisiana reached its highest smoking prevalence of 29% among 25-34 year olds. A breakdown of that 29% included 25.1% of males; other races amounted to 23.6%; individuals with less than a high school diploma totaled 36.6%; and individuals with annual incomes less than \$15,000 amounted to 30.2%⁵.

Among all state smoking prevalence in 2009, Louisiana ranked 42nd in the country, up from its 37th ranking in 2008. Although the national smoking prevalence is continuing to show a downward trend, neither the nation nor Louisiana has been able to achieve the Healthy People 2010 goal of reducing adult smoking prevalence to 12%¹⁰.



It is also important to look at demographic differences among populations within Louisiana to show where the most disparate populations exist. Some of the populations that the Louisiana Tobacco Control Program has identified as disparate populations include: African Americans (*figure 2*; Low socioeconomic status (*figure 3*); and rural areas (*figure 4*). (See below)

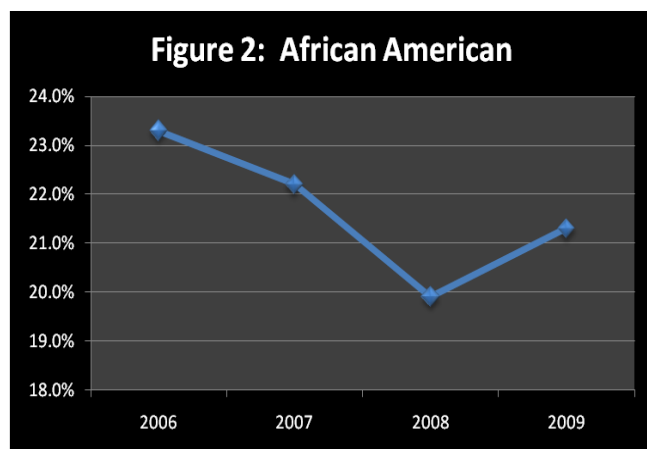


Figure 2: Smoking prevalence among African Americans adults

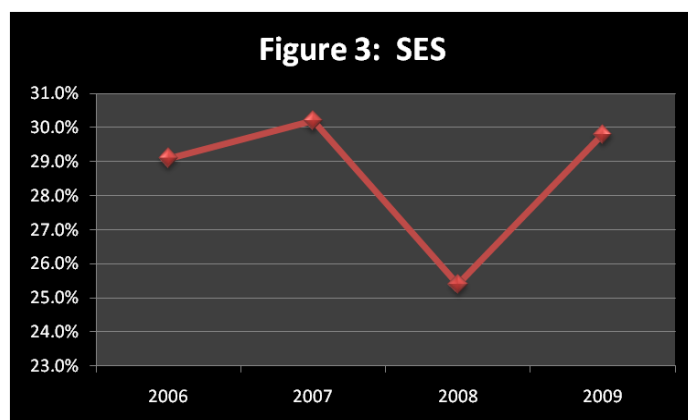


Figure 3: Low socioeconomic status

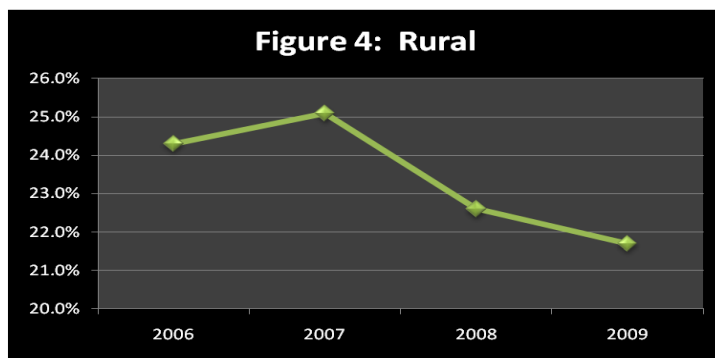
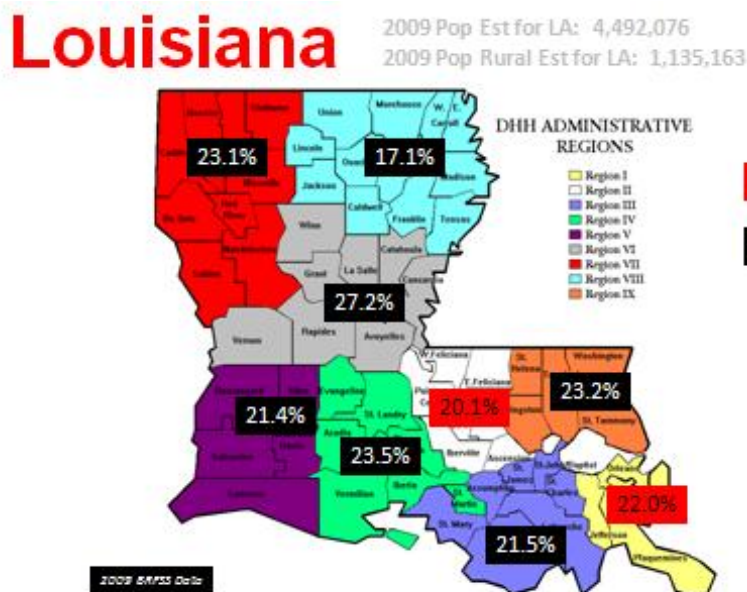


Figure 4: Smoking Prevalence Among Rural Populations

This trend mimics the statewide trend seen in Figure 1. Smoking prevalence among this population rose to 21.4% in 2009, while the nation showed a prevalence of 17.2% among this same population^{5,9}. Figure 3 shows the prevalence trends of individuals of low socio economic status, defined as those individuals making less than \$35,000 annually and/or having less than a high school diploma. This



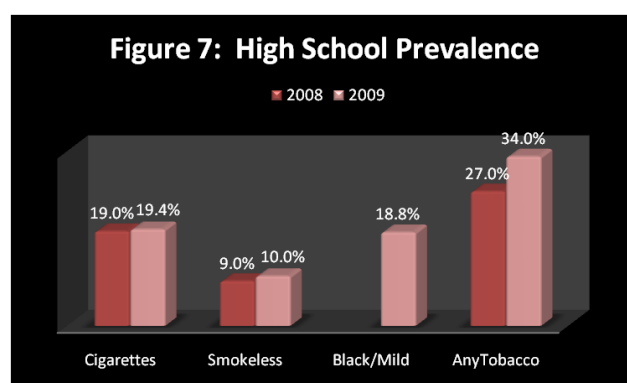
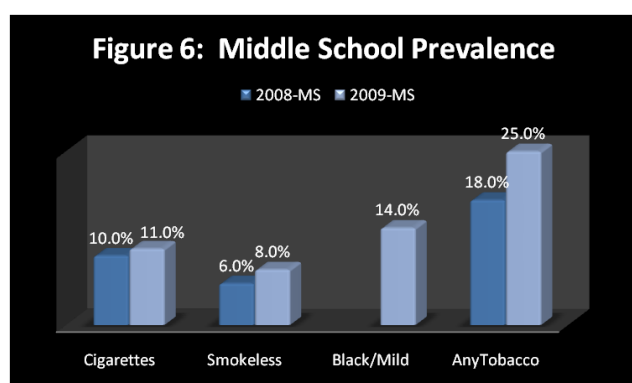
population's smoking prevalence has been variable since 2006, when prevalence rates rose, then fell, and rose again, reaching a high of 29.8% in 2009⁶. In terms of tobacco use, adults within this population have some of the greatest need in Louisiana, and therefore, they account for some of the highest Medicaid health care costs for treatment of tobacco addictions. However, since 2007, a promising decline among

rural area individuals has been documented. Rural areas dominate most of Louisiana's culture. Just over 1 million Louisianians live in rural areas of the state, accounting for more than 25% of the total state population¹¹. In 2009, this population reached a four-year low in which the prevalence was 21.7%, below the state's rate of 22.1%⁶. Many successes have been achieved to reduce these disparities listed, but more barriers and challenges need to be overcome.

In 2009, Louisiana's regional estimates of smoking prevalence were calculated through the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Figure 5 displays the smoking prevalence results among DHH's nine administrative regions. Region 8, located in the northeastern corner of the state, had the lowest smoking prevalence at 17.1%, lower than the national average in 2009. However,

Region 6, located in the central part of the state, showed a very high smoking prevalence of 27.2%. Moreover, eight of the nine regions of the state showed higher smoking prevalence than that of the state of Louisiana, while some of the more urban areas of the state showed lower prevalence marks than rural areas⁵.

Youth is also a considered disparate population in terms of tobacco use and is a target group of the Louisiana Tobacco Control Program. *Figures 6 and 7* below, display information on youth tobacco use from the [2008](#) and the [2009 Louisiana Youth Tobacco Surveys](#)⁷.



Slight increases in prevalence were seen across the board with youth tobacco use among middle and high school students. Overall, cigarette prevalence remained unchanged from 2008 to 2009, where high school students reported higher rates at 19.4% in 2009, when compared to middle school students at 11% that same year⁷. According to the 2009 National Youth Tobacco Survey (NYTS), the smoking prevalence for middle school students was 5.2% and 17.2% in high school students, both of which are lower than Louisiana's prevalence⁸.

In terms of other tobacco products, black and mild cigars were among the most highly reported tobacco product used among both middle (14%) and high school students (18.8%) in 2009. Following cigarettes, smokeless tobacco product use increased across the board from 2008-2009, middle school (6%-8%) and high school students (9%-10%)⁷. As with adults, the youth smoking prevalence is higher in Louisiana, when compared to national counterparts. However, the Healthy People 2010 goal for youth smoking was to decrease smoking prevalence to 16%¹⁰. Middle schools in Louisiana have achieved this goal; however, the high schools are still above this target. This same trend was seen among the results of the NYTS.

As demonstrated, tobacco use is a serious issue in Louisiana, and across the United States. By using the guidelines set forth by the CDC's "Best Practices," the Louisiana Tobacco Control Program will have the ability to drastically reduce the health, economic and social burden of tobacco use in the state. Evidence-based strategies are used to reduce these burdens and end the epidemic of tobacco use.

On the other hand, it is the children, families, smokers, non-smokers, state government and the people of Louisiana that will be able to make the change and eradicate this critical public health issue.

Staffing

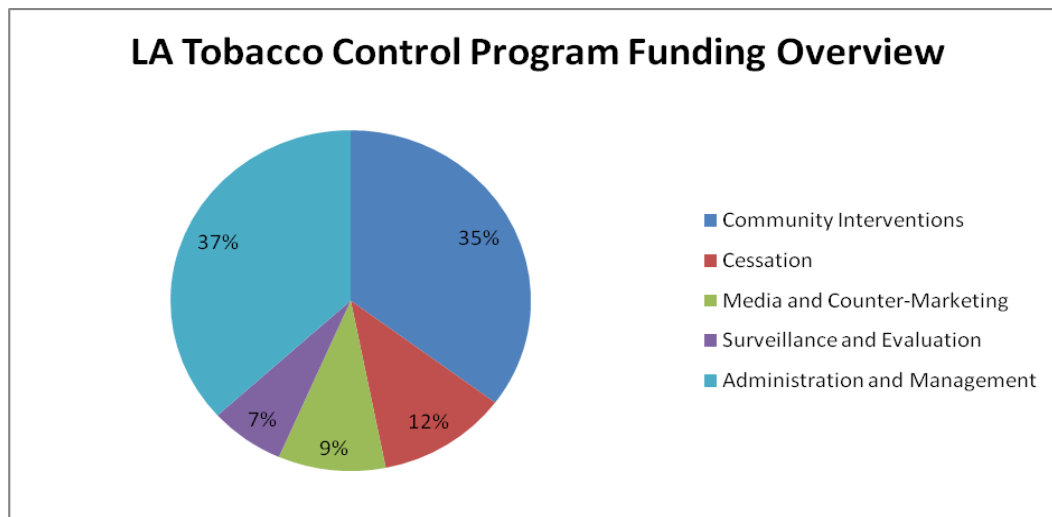
Administration and management is one of the strategies outlined within the Center for Disease Control and Prevention's (CDC) "Best Practices." CDC states that internal capacity within a state health department is essential for program sustainability, efficacy and efficiency.

An adequate number of skilled staff is necessary to provide or facilitate program oversight, technical assistance and training. The LTCP is administered within the Chronic Disease Prevention and Control Unit (CDCPU) by eight (8) staff members who have received or are currently pursuing post-graduate education in the public health or public administration field. The team consists of:

- Program Manager – Tiffany Netters
- Cessation Program Monitor – Evangelin Beedilla
- Youth and Community Partnership Grants Program Coordinator – Ritney Cowart
- Disparities Program Coordinator – Mark Perry
- Policy Analyst – D'Andra Bradford
- Epidemiologist – Brandi Bourgeois
- Public Information Office – Jeremy Bridges
- Registered Nurse Clinical Advisor – Tasha Bergeron

Program Funding

Categories	% of Budget	Funding
Community Interventions	35%	\$ 541,680.00
Cessation	11%	\$ 180,000.00
Media and Counter-Marketing	9%	\$ 149,000.00
Surveillance and Evaluation	7%	\$ 103,500.00
Administration and Management	37%	\$ 565,527.00
	100%	
Total Budget		\$ 1,591,612.00



Partnerships Successes

Program alignment with the Louisiana Public Health Institute’s The Louisiana Campaign for Tobacco-Free Living (TFL): Entering into the third year of a formal program alignment process, LTCP and TFL have achieved success in the development and sustainability of a comprehensive tobacco control program for Louisiana. Both programs have invested staff time and program funds to ensure the collaboration within their infrastructure to allow for the leveraging of human and monetary resources to meet the four National Tobacco Control Program goals.

In order to facilitate leadership discussions and strategic planning across programs, the Tobacco Technical Assistance Consortium (TTAC) was hired – having been a major partner in the 2007 integration of the Chronic Disease and Prevention Unit with the DHH Bureau of Primary Care and Rural Health. The program alignment’s major accomplishments include:

- **Hosting the “First Annual Joint State Tobacco Conference”:** Held in July 2009, this state conference provided training and networking opportunities for state partners, TFL grantees and LTCP contractors and grantees. Collaboratively, LTCP and TFL aimed to build the capacity of Louisiana organizations to implement evidence-based strategies within their communities with training presentations from national partners like TTAC, the National African-American Tobacco Prevention Network (NAATPN) and Pfizer;
- **Increasing the capacity of Louisiana organizations to influence policy changes:** Influencing changes in policy as evidence-based strategies to decrease the burden of tobacco use by utilizing TTAC’s “Communities of Excellence Plus Model” has been critical to increasing the capacity of Louisiana’s tobacco control and prevention programs. LTCP and TFL worked collaboratively

to provide trainings and webinars, facilitated by TTAC, to guide the policy efforts of the regional tobacco coalitions across the state; and

- **Developing a joint evaluation plan to serve as the strategic plan for the state’s comprehensive program.** The plan includes agreed upon long-term, intermediate and short-term outcome objectives that allow for both programs to work towards common targets for all four program goals.

Program Intervention Projects

The Louisiana Tobacco Control Program accomplishes program goals through evidence-based policy and systems changes.

Program Goals:

1. To prevent initiation of tobacco use among young people;
2. Eliminate exposure to secondhand smoke;
3. Promote quitting tobacco use among adults and young people;
4. Identify and eliminate tobacco-related disparities among specific population groups; and
5. Cultivate and sustain statewide infrastructure for tobacco prevention and control efforts.

Intervention Strategies

The program’s interventions are guided by the CDC’s “Best Practices for Comprehensive Tobacco Control Programs,” and include components related to:

Community Interventions:

- Community partnership grants, diversity and youth programs

Health Communications:

- www.LaTobaccoControl.com
- www.QuitWithUsLa.org

Cessation Interventions:

- [1-800-QUIT-NOW](tel:1800QUITNOW)
- [Fax-To-Quit Louisiana Program](#)
- [Project H.E.A.L.](#)

Surveillance and Evaluation:

- [Youth Tobacco Survey](#)
- [Behavioral Risk Factor Surveillance System](#)

Administration/Management:

- Staff
- Partnerships and Collaboration

- Budget
- CDC Reporting

Program Accomplishments/Evaluation

The 2009 United Health Foundation reported that Louisiana jumped from 49th to 47th within its annual state health rankings. This is the first time the state has been ranked above 49th or 50th in the 19 years the rankings have been published. The decrease in smoking prevalence from 22.6% in 2008 to 20.4% in 2009 has been noted as a potential contributing factor to the improved health ranking. It is evident that there is a positive movement toward reaching national goals with changes in social norms around tobacco-use in the state of Louisiana.

With policy change as a major strategy for the movement, statewide and local partners are provided with the resources and trainings needed to build a network of knowledgeable advocates with strategic policy targets that will have a greater impact in decreasing the state's burden of tobacco use. The momentum from the 2007 LA Smoke-Free Air Act, with pre-emption repealed, is still alive and contributing to local communities advocating for stronger and more comprehensive local ordinances to include footage requirements, out-door areas and state-exempted bars and casinos.

Currently, there are 16 communities with local ordinances that are stronger than the state law. The LTCP efforts to implement Tobacco-Free School policies have been nationally recognized and continue to influence local school officials to enforce policies to protect youth from tobacco. In addition, LTCP has been able to contribute to the tobacco-free environment movement by working with health care facilities to successfully implement tobacco-free campuses with the promotion of cessation.

Goal 1: Prevent Initiation of Tobacco Use among Young People

- In collaboration with The Louisiana Campaign for Tobacco-Free Living and The Rapides Foundation, LTCP successfully hosted the "Third Annual Youth Summit on Tobacco" to engage with and educate nearly 250 youth, between the ages of 11 and 17 from all areas of the state.
- LTCP, one of three state tobacco control and prevention programs, was awarded a technical assistance grant from the National School Boards Association's Tobacco Consortium to assist with implementation of LTCP's 100% Tobacco-Free Schools Program. LTCP has developed a strong partnership with the Louisiana School Boards Association that has led to a greater coordination of the Louisiana Tobacco-Free Schools Initiative and allowed educational outreach to school board members and administrators across the state.

- LTCP and community partnership grantees have increased the number of Louisiana Public School Districts that have adopted a 100% tobacco-free policy from 16 in 2007, to 23 of the 69 districts.
- LTCP is receiving \$771,000 in American Recovery and Reinvestment Act funds to implement the “Communities Putting Prevention to Work–State Initiative,” to grant 27 school districts funds to develop School Health Advisory Councils and comprehensive school wellness policies. A major partner is the Louisiana School Boards Association, along with the Louisiana Council on Obesity Prevention and Control and the Louisiana Department of Education.

Goal 2: Eliminate nonsmokers’ exposure to secondhand smoke

- Louisiana was successful at increasing the sample size of the National Adult Tobacco Survey (NATS) to determine statewide estimates. The Louisiana Campaign for Tobacco-Free Living, a major program partner coordinated the NATS for 2009-10.
- Smoke-free air laws, written stronger than state law, have now been passed in six parishes and 13 cities statewide. The Regional Tobacco Coalitions have been instrumental in the policy education within these communities.

Goal 3: Promoting Quitting Among Adults and Young People

- A total of 469 health care providers were trained in this current grant period and offered continuing education credits in “Brief Intervention, Referral to the LA Tobacco Quitline and Fax-To-Quit Louisiana” program.
- Twenty health care professionals received Tobacco Treatment Specialist training and formed the “Advisory Council,” designed to serve as a specialist panel to the Louisiana Tobacco Cessation Consortium (LTCC).
- Twenty-three health care facilities have voluntarily adopted and enacted Tobacco-Free policies, including campuses.
- LTCP has received and is implementing a \$741,000 ARRA grant for the Communities Putting Prevention to Work – State Initiative to promote cessation through LA Tobacco Quitline and Media. The priority population is pregnant women and mothers, and the Louisiana Public Health Institute, along with DHH Maternal and Child Health and the Screening, Brief Intervention, Referral, and Treatment (SBIRT) program are major partners.

Goal 4: Eliminate Disparities Related to Tobacco-Use

- LTCP has launched the Head Start Pilot with American Legacy Foundation and the Louisiana Department of Child and Family Services (DCFS) Head Start Collaboration to educate on SHS

exposure and refer families to Cessation services. Team has identified and recruited 11 Head Starts interested in participating and implementing the work of the pilot. This will have impact on low socioeconomic status mothers and children in the state.

- LTCP has hosted the “Statewide Tobacco-Related Health Disparities Coalition” since 2007, and it has 40 active and diverse members.

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